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ABSTRACT

Nearly 20 years ago a culturally relevant program was created on the island of Guam. Inspired by the Gheel, the Belgium colony's humanized treatment of the mentally ill, the program is based on the island's Spanish heritage and makes use of Roman Catholic ritual in communal assembly and in commemorating developmental attainments. Beginning as a festal celebration, the program has continued to flourish as an impetus to the growth of the mental health movement on Guam. This paper gives the historical background of the St. Dymphna fiesta, discusses the objectives of the fiesta program, variations in the notion of personhood and mental/emotional vitality across cultures, and the mechanism of integrating traditional cultural customs with innovations in mental health. (Contains 14 references.) (BT)

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Biba San Dymphna: Cultural Security and Mental Health On Guam

by

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Biba San Dymphna: Cultural Security and Mental Health On Guam

Guam is an island in the western Pacific, lying between Hawaii and the Philippines. Part of the Mariana Island chain, it is now a territory of the United States after having passed through possession by the Spanish and, for a time during World War II, the Japanese. While the island has a multi-cultural complexion, with representatives of many Asian, Pacific, American and European nationalities settled there, the Guamanian Chamorros comprise the native population. The people are of Malayo-Polynesian/Micronesian stock with strong Spanish roots. After Magellan landed on the island in the sixteenth century, the Spanish influence became an established essential in the heritage of a friendly, effusive people. The history of the island is a history of invasion; by explorers and adventurers, by conquering countries hungry for treasure, by typhoons, by ex-patriots, by businessmen, by tourists. Still, the Chamorro tradition survives.

The cultural expression of the Guamanian populace is one in which religion figures prominently. The average Guamanian marks special occasions with a festal celebration dominated by Roman Catholic rituals and a huge feast (na taotao tu manu) afterwards. The major developmental transitions, from birth to death, are marked by such ceremony further enhanced by a religious fervor which is decidedly demonstrative. Processions abound in the streets, perhaps representing the voyage through life, and nearly every week throughout the year, one village or another invites the island to their fiesta in honor of a local patron saint.

Within this milieu, the St. Dymphna Fiesta was created in 1982 as a program of the Guam Community Mental Health Center ("First Island Honor," 1982). Its purpose was to bring islanders' attention to focus on mental health issues, to increase family involvement and lessen consumer resistance to treatment, to diminish stigmatization and the alienation from community life that many mental health consumers experience, to strengthen professional networking and to enhance provider-consumer relations. In an atmosphere of increasing crime and suicide rates (Rubinstein, 1987) among peoples of the western Pacific area, it was felt that a non-intrusive, culturally-relevant program could do much to re-establish the often isolated mentally disturbed patient as a visible and contributing member of the community as a whole.

Dymphna was reportedly a seventh century Irish princess who, escaping the sexual advances of her father, the king, fled to Belgium where she worked with the poor. Her father pursued her and, after failing to persuade her to return with him to live as his paramour, beheaded her. The villagers of Gheel, Belgium kept her relics and sought her intercession with God for the relief of various afflictions. Of the many miraculous cures that ensued (according to ancient records), it was found that prayers to the saint were most effective for those suffering from nervous conditions and mental illness (Aring, 1974).

The greater miracle however, lay in the metamorphosis of the town of Gheel itself where, for over 1000 years, humane treatment and reintegration into society was the mechanism for dealing with emotional disturbance (Aring, 1974). For generations, it was recognized as a sign of good standing among the citizenry to have patients adopted or fostered in one's home. This phenomena made the Gheel colony famous in the annals of psychiatry and psychology. As a model mental health program, Gheel ranked first for centuries. While the historical lot of the mentally ill throughout the rest of the world was one of bondage and degradation Gheel, under religious auspices, restored to the patient something of the humanizing dignity that had been lost or had never developed. From time to time there is an attempt to replicate the good work that was undertaken at Gheel. Fostering patients within the community has been the objective of several projects worldwide with relative degrees of success notably in Canada, Nigeria and Missouri, USA (Keskiner, Zalcman, Rupert & Ulett, 1972; Linn, Klett & Caffey, 1980).

In Guam, the month-long celebration of the patron of mental health has blossomed from a small religious service on a cliff overlooking the ocean to a major island event, sponsored and attended by island dignitaries and giving rise to a greater community support for mental health programs overall (Chang, 1985). In 1983, the Guam Department of Mental Health and Substance Abuse was organized from the smaller agencies of the Guam Community Mental Health Center and the Mental Health and Substance Abuse Agency followed several years later by a new facility built on a five acre lot. The Fiesta Program helped to spur the establishment in 1985 of the Guam Alliance for Mental Health, Inc., a community support organization devoted to furthering mental health objectives particularly educating the community about mental illness, providing support to patients and families coping with mental illness and advocating for continuous improvement in

quality care and mental health services. While no foster care/adoption program such as that which arose in Gheel was ever created for mentally ill adults on Guam, there have been a number of other programs designed and developed from the relatively skeletal mental health establishment that was in existence prior to 1982. The current state of affairs is an exhilarating improvement over conditions prevailing during that first mental health fiesta, next to a building that had been in sad and neglected disrepair owing to the ravages of a major typhoon six years before.

There now exists a children's residential facility (Guma Manhoben), a children's therapeutic foster care program, a psychiatric inpatient program for children, a 24 hour Crisis Hotline, a full service day treatment program (12 hour) for substance abusing adults and adolescents, a residential group home for chronically mentally ill adults (Guma Ifil) and a group home for the mentally retarded/mentally ill (Mary Clare Home) in addition to the traditional outpatient and inpatient, aftercare and day hospital programs; all of which function as part of a comprehensive, community-based system of mental health care. As well, the programs characterize the renewed attention on mental health initiatives over the last 20 years and reflect state of the art services. Most especially however, programming in this family-oriented culture has been pertinent to the folkways of the people.

The articulation of cultural heritage and advanced scientific know-how is an ideal which is frequently overlooked in the western world where the fastest route to a goal is often considered the best. The process of integrating traditional healing arts with contemporary western approaches can be daunting (Allan, Tydingco & Perez, 1985). Parallel to the fervent Spanish-Malay religious ritual and its belief in a panoply of Catholic saints, miraculous healings and ceremonial rites exists the more ancient folkways in which the suruhanu with his/her medicinal herbs and incantations begs the ancestral spirits for their beneficence. The islander sees no contradictions however, as long as there is a relatedness to the cultural system and group custom.

In Guam, as in other island nations, the accent is placed on "getting along" rather than on "getting ahead". Islanders will avoid confrontation in the interest of maintaining social harmony and minimizing outright interpersonal conflict (Howard, 1974). Since the strength of the community may be seen as arising out of close-knit bonds and kinship solidarity and since relationships are interwoven in a complex way, such avoidance fosters survival of the entire clan.

Traditional western psychotherapy, emphasizing "me-ness" and a more direct communication style, may not respect this need for indirect communication within the context and custom of island life. As well, a complex system of reciprocity encompasses both leisure and business pursuits on Guam and further ensures the secure foundation for a community within which a person may construct the self. On an island, it is important to be agreeable, avoid argument; accept, interact with, extend oneself and one's resources to strangers as well as kin and generally assume a lifestyle founded on socialization for its own sake (Gartland, 1986). Dependence on the group is balanced by the low priority given to individual pursuits, an idea which may be antithetical to western therapies with their celebration of separation.

The deepened engagement in socially-constructed designs of personhood then, is a frame of reference which de-emphasizes the rigid adherence to discretely defined senses of self and argues for a paradigm in mental health intervention which acknowledges the self in a wider sphere rather than the self as distinct. As a culture steeped in an Asian world view but with a history of intercultural blending, Guamanians are often challenged by the two pulls: "independence and ego definition for the Euro-American and interdependence and ego-diffusion for the Asian" (Kagawa-Singer & Chi-Yung Chung, 1994, p. 197). However, the concept of mental health intervention offered by the Guam government has been one with a decidedly Western influence with grants and subsidies from the US federal government since World War II and mental health professionals trained for the most part according to US standards and European methods. Thus, the two-person model of therapy, where one is an authority and the other is a recipient and within which intimacy is encouraged as a function of the independent self, or a modified family consultative approach has been retained as the primary healing modalities.

The Fiesta program, on the other hand, seeks to define the healing venture as a loosely configured universe of interactions involving families, consumers, service providers, community leaders and island residents from a variety of quarters who share the collective wish for psychological peace and communal integration. "As an interactive process, ritual engages the participant in behaviors that reinforce connection and attachment to significant others . . . (and thus) religious ceremonies play a significant role in reducing anxiety and isolation . . ." (Jacobs, 1992, pp. 291, 298). The San Dymphna procession and litany recitation, the statuettes, medals,

adornments, prayer cards, novenas, "passing" food, healing ceremonies, blessing with relics emphasize the total communal involvement in the struggles of each individual member.

In another sense, the San Dymphna Fiesta with its ritual, customs, liturgical rites and symbolic (religious) objects represents a transitional phenomenon for the individual and the community as a whole in a form suggested by Hanchett and Casale in 1976. The fiesta is a rite of passage insofar as the mentally ill, once isolated and anathema in this society as they have been in others, transit toward reintegration into the life of the community. The community itself welcomes the shift through demonstrations of piety and ceremony and in some ways may identify in this process as a despised and invisible society, traditionally the subject of encroachments by intrusive cultures, now celebrated as an elect member of the world order. The emplacement of a "patron" also represents the re-institution of the triangular into relationship which had been developmentally juvenile and given to the emotional intensity of two-person and/or two-nation conflict without the mediation or neutralizing agency of the third.

Guam has for centuries developed its own resistance to the impingements of bullying and invasive cultures and change does not occur without a respect for the mores and customs of the populace. In general, people are more willing to adopt new practices and establish new customs if these resonate with cultural institutions and are compatible with familiar ways of living and being (Penningroth & Penningroth, 1977). Innovations then become customary pursuits and may serve as the impetus for still further developments. The foundation and endurance of the St. Dymphna Fiesta Program, representing the loyalty and the perseverance of an amiable people and their investment in group attachment, integrity and solidarity may be viewed as exemplary with regard to such a growth process.

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